

Case Number:	CM14-0157889		
Date Assigned:	10/01/2014	Date of Injury:	04/14/2006
Decision Date:	10/29/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychology and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 58 year-old male (██████████) with continuous trauma injuries to his neck and back as the result of engaging in his normal and customary duties while working for ██████████. In his PR-2 report dated 6/25/14, ██████████ diagnosed the claimant with: (1) Degenerative cervical IV disc; (2) Displaced cervical intervertebral disc; (3) Brachial neuritis/radiculitis other; (4) Arthrodesis status; (5) Degenerative thoracic IV disc; (6) Thoracic spondylosis; (7) Kyphosis; (8) Nonunion of fracture; (9) Lumbosacral spondylosis; (10) Displaced lumbar intervertebral disc; (11) Spinal stenosis lumbar region; (12) Degenerative lumbar/lumbosacral IV disc; (13) Unspecified thoracic/lumb neuritis/radiculitis; (14) Arthrodesis status; (15) Obesity unspecified; (16) Benign essential hypertension; and (17) Osteoporosis unspecified. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries and pain. In his "Agreed Medical Evaluation" dated 7/17/14, ██████████ diagnosed the claimant with: (1) Major depressive disorder, in partial remission; (2) Anxiety disorder, NOS; (3) Opioid dependence, in sustained remission; and (4) Pain disorder with both psychological factors and general medical condition. The claimant has been treated for his psychiatric symptoms over the years with both psychotropic medications and psychotherapy. However, there were no psychological records, other than ██████████ report, included for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cognitive behavioral pain therapy evaluation x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Behavioral interventions Page(s): 101-102; 23.

Decision rationale: The CA MTUS guidelines regarding the use of psychological treatments and behavioral interventions will be used as references for this case. In his "Agreed Medical Evaluation" dated 7/17/14, ██████████ noted that the claimant sees psychiatrist, ██████████, once a month. He also treats with ██████████, a psychiatric resident at ██████████ ██████████ every two weeks in one-hour individual sessions. Prior treatment has included counseling sessions in 2008 with a counselor affiliated with ██████████, psychotherapy with ██████████ for about one year from 2010 through May 2011, and psychotherapy with ██████████ from August 2011 through December 2012. Further in the report, ██████████ recommended that the claimant "should have continuing psychiatric treatment once a week for an additional six months, then every other week for six months, then once a month with psychiatric medications for as long as he and the treating psychiatrist believe psychiatric treatment will be of benefit." Given that the claimant has received prior psychotherapy services and recently completed a psychiatric evaluation, another psychological evaluation is not necessary prior to resuming services. However, there were no psychiatric nor psychological records included for review that would offer more specific treatment information regarding past and current services. Without sufficient information about the services, especially those that the claimant is currently receiving, the need for additional treatment cannot be fully determined. As a result, the request for "Cognitive behavioral pain therapy evaluation x 6 visits" is not medically necessary.